

MS OEPR Course Number:

MISSISSIPPI EMS EDUCATION

Course Request / Instructor Verification

This form should be completed and returned to OEPR for approval prior to instruction of course.

| | |
|----------------------------|---------|
| Date: | |
| Teaching Facility: | |
| Course Coordinator: | |
| Address: | Phone: |
| Address: | Fax: |
| C/S/Z: | E-mail: |

| Type of Course Only one course/block per form | Lead Instructor Attach copies of credentials for instructors |
|---|---|
| <input type="checkbox"/> Emergency Driving Course | Name: |
| | Addr: |
| | Addr: |
| <input type="checkbox"/> EMT-Basic Course | Addr: |
| <input type="checkbox"/> EMT-Basic Refresher Block 1 | C/S/Z: |
| <input type="checkbox"/> EMT-Basic Refresher Block 2 | Phone: |
| <input type="checkbox"/> EMT-Basic Refresher Block 3 | Phone: |
| <input type="checkbox"/> EMT-Basic Refresher Block 3 | Fax: |
| <input type="checkbox"/> EMT-Intermediate 85 Refresher | E-mail: |
| <input type="checkbox"/> EMT-Paramedic Course | Assistant Instructors |
| <input type="checkbox"/> EMT-Paramedic Refresher Block 1 | |
| <input type="checkbox"/> EMT-Paramedic Refresher Block 2 | |
| <input type="checkbox"/> EMT-Paramedic Refresher Block 3 | |
| <input type="checkbox"/> EMT-Paramedic Refresher Block 4 | |
| <input type="checkbox"/> EMT-Paramedic Refresher Block 5 | |
| <input type="checkbox"/> EMT-Paramedic Refresher Block 6 | |
| <input type="checkbox"/> EMT-P Transitional Course Module 1 | |
| <input type="checkbox"/> EMT-P Transitional Course Module 2 | |
| <input type="checkbox"/> EMT-P Transitional Course Module 3 | |
| <input type="checkbox"/> EMT-P Transitional Course Module 4 | |
| <input type="checkbox"/> EMT-P Transitional Course Module 5 | |
| <input type="checkbox"/> EMT-P Transitional Course Module 6 | |
| <input type="checkbox"/> Other: | |

| | | |
|-------------------------|------------------|-----------------------|
| Course Location: | | Course County: |
| Start Date: | End Date: | |
| Start Time: | End Time: | |
| Day(s) of week: | | |
| Comments: | | |

| | |
|--------------------------|-------------------------|
| Received: | Registered: |
| Entered Calendar: | MSDH District #: |